



# Fairmount Rental Application

The waiting list for 1-bedroom and 2-bedroom Project-based units at Fairmount Apartments opens on May 5, 2026. **This application must be returned by mail to 401 Fairmount Ave., ATTN: Manager, Oakland, CA 94611.** Applications returned by mail must be received by 5:00 PM on May 19, 2026. A lottery will be conducted for all applications received by the deadline.

**Only one application per household.** Duplicate applications will not be entered into the lottery.

Applicants		<i>List below <u>all</u> persons who will be living with you, including Live-In Aides.</i>		
Name <i>(please print)</i>	Date of Birth	Social Security Number	Male/ Female	Relationship to Head of Household
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	Head of Household
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Contact Information				
Current Address:				
	Unit #	City	State	Zip
Mailing Address: <i>(if different)</i>				
	Unit #	City	State	Zip
Phone 1:	Phone 2:	Email:		

Alternate Contact Person		<i>Examples may include case worker, relative, friend, etc.</i>		
Name:	Relationship:	Agency:		
Address:				
	Unit #	City	State	Zip
Phone :	Email:	Fax:		



# Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Income Sources			
1	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
2	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
3	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
4	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
5	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
6	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$

Subsidy Information	
<p><b>Do you have a current, transferable Section 8 voucher or other similar subsidy?</b> If yes, what agency is your subsidy through?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Household Asset Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Assets			
1	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
2	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
3	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
4	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
5	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
6	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$

# Residential History

Starting with your current residence, please include the following information for the past **two years** for **all household members**.

Lack of residential history does not necessarily disqualify you (*verification may be required*).

Residential History	<i>Attach separate sheet if you have had additional residences.</i>			
Current	Applicant Name:			
	Current Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends
	Current Landlord Name:	Current Landlord Address:		
	Current Landlord Phone:		Current Landlord Fax:	
Previous	Applicant Name:			
	Previous Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends
	Previous Landlord Name:	Previous Landlord Address:		
	Previous Landlord Phone:		Previous Landlord Fax:	
Previous	Applicant Name:			
	Previous Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends
	Previous Landlord Name:	Previous Landlord Address:		
	Previous Landlord Phone:		Previous Landlord Fax:	
If you do not have two years of residential history, please explain why below.				

## Household Information

<p><b>1. Do you expect changes to your household size within the next 12 months?</b> If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2. Is anyone in your household separated, but not divorced?</b> If yes, please list names:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3. Are any adult household members full-time students or planning to become full-time students within the next twelve months?</b> If yes, please list names:</p> <p>_____ <input type="checkbox"/> Part-time    <input type="checkbox"/> Full-time</p> <p>_____ <input type="checkbox"/> Part-time    <input type="checkbox"/> Full-time</p> <p>_____ <input type="checkbox"/> Part-time    <input type="checkbox"/> Full-time</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4. Do you or anyone else in your household have any pets?</b> If yes, please describe what type and how many:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5. Are you being displaced from your home by a result of a government action or a presidentially declared disaster?</b> If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>6. Are you applying for a 1-bedroom unit?</b> Please note that 1-bedroom units are limited to households with 1 to 3 members.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>7. Are you applying for a 2-bedroom unit?</b> Please note that 2-bedroom units are limited to households with 2 to 5 members. Persons with disabilities needing a 2-bedroom unit may request a reasonable accommodation to this policy.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: If you apply to a unit type that your household does not qualify for, your application will be processed for the appropriate unit type.*

## Fairmount Information

<p><b>8. Has any household member been displaced by City of Oakland Code Enforcement activities, or a City of Oakland-sponsored development project?</b></p> <p>Name of Household Member: _____</p> <p>Address displaced from: _____</p> <p>Date of displacement: _____</p> <p>Reason for displacement:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Due to City of Oakland code enforcement (Example: Building was condemned due to fire, earthquake, habitability issues, etc.)</li> <li><input type="checkbox"/> Due to a City-sponsored or City-assisted development project (Example: Building was demolished and replaced by a new affordable housing apartment complex, etc.)</li> <li><input type="checkbox"/> Due to a no-fault eviction (Example: Evicted because the owned wanted to move in, etc.)</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**As required by the Oakland Housing Authority, the following questions will determine preference eligibility.**

<b>9. Does any household member live in Oakland, CA?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Does any household member work in Oakland, CA?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Are there two or more people in your household?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. Is the head of household age 62 or older?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. Does any household member have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Is any household member a veteran or an active member of the military?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. Is any household member homeless?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Additional Information

## Reasonable Accommodations

1. Will you or any of your family members require a live-in aide to assist you?

- Yes      If yes, please explain:  
 No

2. Do you, or does any member of your family have a condition that requires: (check all that apply)

- Unit for mobility impairment       Unit for hearing impaired  
 Unit on ground floor       Unit for vision impaired  
 None of the above

3. Are there other reasonable accommodations that you require to provide you equal access to housing?

- Yes      If yes, please explain:  
 No

## Supplemental Information

1. How did you find out about this property?

2. Do you own a vehicle?

- Yes. How many? \_\_\_\_\_  
 No

3. Do you require translation or oral interpretation?

- Yes. Which language? \_\_\_\_\_  
 No

4. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.

# Optional Information

## Ethnic Categories

Please check **one** only:

- Not of Hispanic, Latino/a, or Spanish Origin
- Hispanic, Latino/a, or Spanish Origin (select sub-category as well)
  - Puerto Rican
  - Cuban
  - Mexican, Mexican American, Chicano/a
  - Another Hispanic, Latino/a or Spanish origin
- Declined to Report

## Racial Categories

Please check **all that apply**:

- White
- Black/African American
- American Indian/Alaska Native
- Asian (select subcategory as well)
  - Asian India
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
- Native Hawaiian or Other Pacific Islander (select subcategory as well)
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
- Other (Please Specify): \_\_\_\_\_
- Declined to Report

# Certification

1. I/we understand that it is the responsibility of each applicant to provide any and all information required to determine eligibility.
  2. I/we understand that if an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant. An applicant has 14 days to request an appeal.
  3. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with tenant screening agencies, investigative consumer reporting agencies, law enforcement, or other public agencies, and to contact previous or current landlords or other sources for verification information which may be released by appropriate federal, state, local agencies, or private persons to the management. Information and reports obtained may include my rental housing and eviction (unlawful detainer) history, character, general reputation, personal characteristics, and mode of living, for the purposes of determining my eligibility for rental housing.
  4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including convictions which may prohibit me/us from moving on to the property, where allowed by applicable law as stated in our Resident Selection Criteria.
  5. I/we understand I/we must provide written notification to management of any changes to the information on this form.
  6. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other place of residence, and that there are no other persons for whom I/we have or expect to have responsibility for providing housing.
  7. I/we understand that an applicant with a disability has a right to request a reasonable accommodation. All requests will be evaluated and a decision will be made based on the reasonable nature of the request.
  8. I/we certify that the foregoing information is true, complete, and correct. I/we understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law.
- By checking this box, I indicate that I want to receive a copy of any investigative consumer report obtained by SAHA.

SAHA obtains investigative consumer reports from the following agency: NTN, Address: PO Box 6245, Concord, CA 94524; Phone: 925-688-1000/Toll-free: 800-800-5602; Website: [www.ntnonline.com](http://www.ntnonline.com). I understand that NTN is required, during normal business hours, on reasonable notice, and upon presentation of proper identification, to make available to me the files and information contained in any report that it prepared on my account. I am entitled to visually inspect the files in person or by mail, or I may obtain a summary over the telephone. NTN is also required to provide trained staff to explain any information in my file and, if I choose to visually inspect my file, to provide a written explanation of any coded information therein. Upon my request and in compliance with established procedures, NTN must also allow me to be accompanied by one other person during my inspection.

**[Signatures to follow on next page]**

# Signature

Please ensure that your application is complete and that all adult applicants have signed and dated below.

Head of Household: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 2: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 3: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 4: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Housing and Community Development Department  
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

## **NOTICE TO APPLICANTS AND TENANTS: OAKLAND LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY**

*Ronald V. Dellums and Simarashe Sherry Fair Chance Access  
to Housing Ordinance No. 13581 C.M.S. (O.M.C. 8.25)*

### **IT IS UNLAWFUL FOR LANDLORDS TO DO ANY OF THE FOLLOWING WITH REGARD TO CURRENT OR PROSPECTIVE TENANTS:**

- Inquire about criminal history
- Indicate that persons with criminal backgrounds will not be considered for housing
- Refuse to rent or terminate a tenancy based on criminal history
- Require disclosure or authorization for release of criminal history
- Demand higher security deposit or rental amount based on criminal history
- Refuse to allow the addition of an immediate family member based on the family member's criminal history
- Disqualify tenants from rental assistance programs such as Section 8 based on criminal history (subject to certain exceptions below)
- Take any other negative action against applicants/tenants based on criminal history

### **EXCEPTIONS:**

**LIFETIME SEX OFFENDERS:** In some circumstances, landlords may check the state registry of lifetime sex offenders. Prior to doing so, a landlord must first:

- 1) Include a statement in the rental application informing applicants of the sex offender screening requirement;
- 2) Have already determined that an applicant meets all other rental criteria;
- 3) Provided the applicant with a conditional rental agreement;
- 4) Informed the applicant in advance of checking the sex offender registry; and
- 5) Either obtain written consent from the applicant or give the applicant an opportunity to withdraw their application prior to conducting a search.

**PUBLIC HOUSING:** Public housing providers (i.e. Oakland Housing Authority) may be legally required to exclude the following persons from public housing and/or find such persons ineligible for Housing Choice Voucher Programs (Section 8):

- Persons subject to lifetime sex offender registration (42 U.S.C. Sec. 13663(a))
- Persons convicted of manufacturing methamphetamine on federally-assisted housing property (24 C.F.R. Sec. 982.553)

Prior to conducting any required criminal history search, landlords must inform applicants in advance and give applicants an opportunity to withdraw their application.



**SMALL PRIVATE RENTALS**: The prohibition against consideration of criminal history does not apply to the following living situations:

- Single-family homes, duplexes, and triplexes where the owner occupies one of the units as a principal residence
- Units occupied by existing tenant(s) seeking to sublet or add/replace roommates

### **WRITTEN NOTICE AND OPPORTUNITY TO RESPOND REQUIRED**

If a landlord takes any action against an applicant or tenant based on criminal history (such as refusing to offer a lease, refusing to add a family member, etc.), the landlord is required to provide the applicant/tenant with written notice and an opportunity to respond.

#### **Notice must include:**

- The reasons for denial or other action
- Instructions on how to file a complaint with the City
- A list of local legal services
- A copy of the criminal history report, background check, or other information received that is the basis of the decision

#### **Tenant/applicant must be given opportunity to:**

- Respond to the information
- Present any rebutting or mitigating information, such as evidence that the information is incorrect, was remedied, or otherwise should not be used to deny the applicant housing

### **IF YOU BELIEVE A LANDLORD HAS VIOLATED THE LAW BY INQUIRING ABOUT, REFUSING TO RENT TO, OR OTHERWISE DISCRIMINATING AGAINST YOU ON THE BASIS OF CRIMINAL HISTORY:**

- 1) You may submit a complaint to the City by filling out the attached form and sending, along with documentation, to:

City of Oakland  
Housing Resource Center  
250 Frank Ogawa Plaza, Suite 6313  
Oakland, CA 94612

Complaint forms may be emailed to: [housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)  
For more information call: Housing Resource Center at: 510.238.6182 or visit <https://www.oaklandca.gov/resources/fair-chance-access-to-housing-ordinance>

- 2) Attached is a list of legal services and other resources that may be available to assist you



Housing and Community Development Department  
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

# OAKLAND LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY

*Ronald V. Dellums and Simarashe Sherry Fair Chance Access to Housing Ordinance*

## **Housing Violators Subject to Administrative Action**

Violations by a housing provider of specific provisions of the Fair Chance Access to Housing Ordinance No. 13581 C.M.S. (O.M.C. 8.25) may be subject to an administrative citation.

The City of Oakland may issue a citation for any violation of the Fair Chance Access to Housing Ordinance, including but not limited to the following:

- Inquire about criminal history
- Indicate that persons with criminal backgrounds will not be considered for housing
- Refuse to rent or terminate a tenancy based on criminal history
- Require disclosure or authorization for release of criminal history
- Demand higher security deposit or rental amount based on criminal history
- Refuse to allow the addition of an immediate family member based on the family member's criminal history
- Disqualify tenants from rental assistance programs such as Section 8 based on criminal history (subject to certain exceptions)
- Take any other negative action against applicants/tenants based on criminal history

If you believe there has been a violation, you may submit a request for the City of Oakland or its authorized agent to investigate possible violations. Complete a written complaint on the attached Declaration Form and mail or email to:

City of Oakland  
Housing and Community Development Department  
250 Frank Ogawa Plaza, Suite 6301  
Oakland, CA 94612  
email: [housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)

For information call 510. 238.6182 or visit  
<https://www.oaklandca.gov/resources/fair-chance-access-to-housing-ordinance>



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Ronald V. Dellums and Simarashé Sherry Fair Chance Access to Housing Ordinance NO. 13581 C.M.S. (O.M.C. 8.25)

Declaration of Housing Applicant or Tenant

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Housing Provider:

Name, full address and phone number of the housing provider (if known)

Address of relevant property

2. Alleged Violation Options (check all that are applicable):

- Asking about criminal history, Not considered, Refused to rent/terminated, Required disclosure/authorization, Rent/deposit increased, Refused family member, Disqualified rental assistance, Other

3. This Declaration informs the City of Oakland about what I think is a violation of the Fair Chance Ordinance. (Please be as complete and accurate as possible. Attach extra sheets if necessary.)

4. The foregoing is true and correct to the best of my knowledge.

Signature

Date

Check here if you are submitting documents (e.g., a copy of the advertisement or the rental application) with this Declaration. (Submitting documents that tend to support your allegations is optional but encouraged insofar as they would assist with this investigation.)



Housing and Community Development Department  
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

## Local Organizations Providing Assistance to Tenants

### Causa Justa :: Just Cause

Main office: 3344 International Blvd., Oakland, CA 94601

Housing Clinic location: 1419 34<sup>th</sup> Ave #203 Oakland, CA 94601

(NOTE: drop-in hours temporarily suspended as of 6/7/19)

Tenant Hotline: 510-836-2687, General: 510-763-5877

Email: [info@cjjc.org](mailto:info@cjjc.org)

Website: <https://cjjc.org>

A nonprofit organization dedicated to defending and advancing the rights of California tenants for safe, decent, and affordable housing.

### Centro Legal de la Raza

3022 International Blvd., Suite 410, Oakland, CA 94601

Office hours: Mon-Thurs 9:00 am-12:00pm, 1:00-5:00; Fri 9:00am-12:00pm

Phone: 510-437-1554

Email: [info@centrolegal.org](mailto:info@centrolegal.org)

Website: <https://centrolegal.org>

Drop in Clinics:

- Every Tuesday, 9:00 AM  
Centro Legal, 3022 International Blvd. Suite 410, Oakland, CA 94601
- Every 2<sup>nd</sup> Thursday, 9 – 11 am  
Eastmont Library, 7200 Bancroft Ave #211, Oakland, CA 94605
- Every 3<sup>rd</sup> Thursday, 10 am – 12 noon  
West Oakland Library, 1801 Adeline St, Oakland, CA 94607

Centro Legal is a legal services agency protecting and advancing the rights of low-income, immigrant communities through bilingual legal representation, education, and advocacy, know-your-rights education and youth development.

### East Bay Community Law Center

1950 University Ave., Ste 200, and 2921 Adeline St, Berkeley, CA 94703

Phone: 510-548-4040

Hours: Monday-Friday 9:00am-5:00pm

Email: [info@ebclc.org](mailto:info@ebclc.org)

Website: <https://ebclc.org>

Counseling and assistance in filing legal paperwork (for low-income tenants only). Free community workshops for low-income tenants who have disputes with their property owners.

If you want to request a copy of this information in Chinese/ Spanish please contact: [housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)/510.238.6182

如果您想要求此文件的中文版本, 請聯絡: 電郵[housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)/電話 510.238.6182

Si desea solicitar una copia de esta información en español, póngase en contacto con: [housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)/510.238.6182



Housing and Community Development Department  
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

### Eviction Defense Center

350 Frank Ogawa Plaza, Suite 703, Oakland, CA 94612

Phone: 510-452-4541 Website: <https://www.evictiondefensecenteroakland.org>

Hotline: 510-693-2775 (accepts text messages & after hours)

Hours: Mon/Tues/Thurs 9:00am-5:00pm

Wed/Fri 9:00am-4:00pm; Closed 12:00-2:00pm Daily

Nonprofit provides low-cost legal services to tenants facing eviction in Alameda County and the city of Richmond. All services are offered on a sliding scale basis.

### Oakland Tenants Union

P.O. Box 10573, Oakland, CA 94601

Phone: 510-704-5276 (leave a voicemail)

Email: [help@oaklandtenantsunion.org](mailto:help@oaklandtenantsunion.org) Website: <https://oakandtenantsunion.org>

Drop-in hours: 1<sup>st</sup> and 3<sup>rd</sup> Sunday 3-5pm, Oakland Public Library, Main Branch

A *volunteer* referral and resource organization of housing activists dedicated to protecting tenants' rights and interests. *Volunteers* may not be able to return your call right away.

### Tenants Together

474 Valencia St #156, San Francisco, CA 94103 (no drop-in services)

Tenants' Rights Hotline: 888-495-8020

Email: [info@tenantstogether.org](mailto:info@tenantstogether.org) Website: [www.tenantstogether.org](http://www.tenantstogether.org)

A nonprofit organization dedicated to defending and advancing the rights of California tenants for safe, decent, and affordable housing.

### Bay Area Legal Aid-Alameda County Office

1735 Telegraph Ave, Oakland, CA 94612 (No walk-ins)

Phone: 510-663-4744 | Legal Advice Line: 800-551-5554

Tenants' Rights Legal Advice Line: 888-382-3405

M, Th, F: 9:30-12:30; T & W: 1:00-4:00pm

Website: <http://baylegal.org>

Provides legal assistance regardless of a client's location, language or disability Tenants may receive assistance with: evictions, housing discrimination, disputes, unsafe or unhealthy housing conditions, lock-outs and utility shut-offs, and tenants of foreclosed properties.

If you want to request a copy of this information in Chinese/ Spanish please contact: [housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)/510.238.6182

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### Alameda County Social Services Agency

Housing and Homeless Services

Website: [https://alamedasocialservices.org/public/services/housing\\_and\\_homeless/housing\\_and\\_homeless.cfm](https://alamedasocialservices.org/public/services/housing_and_homeless/housing_and_homeless.cfm)

Alameda County SSA provides cash aid or housing voucher assistance to families and single adults who are homeless or at-risk of becoming homeless in the county.

For emergency shelter, contact Eden Information and Referrals: 510-537-2552.

### Season of Sharing

Phone: 510-272-3700

Website:

[https://www.alamedasocialservices.org/public/services/community/season\\_of\\_sharing.cfm](https://www.alamedasocialservices.org/public/services/community/season_of_sharing.cfm)

The SOS program is a private fund providing one-time crisis based assistance for housing and critical family needs to Alameda County residents. Grants are based not only for criteria being met but also on merit and the greatest need. Assistance is not guaranteed. For more information, call the automated pre-screening phone number or visit the program website.

## **Local Organizations Providing Assistance to Seniors**

### Berkeley East Bay Gray Panthers

Phone: 510-842-6224

Website: <https://www.facebook.com/berkeleygraypanthers/>

Email: [graypanthersberk@aol.com](mailto:graypanthersberk@aol.com)

The Gray Panthers are involved in progressive education politics, social justice, civil rights for the homeless, housing affordability, climate change, the environment and against war.

### Legal Assistance for Seniors

333 Hegenberger Rd, Suite 850, Oakland, CA 94621

Phone: 510-832-3040

Hours: Monday-Friday 9:00am-5:00pm (call for an appointment)

Website: <https://www.lashicap.org>

Email: [las@lashicap.org](mailto:las@lashicap.org)



Housing and Community Development Department  
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

## **Local Organizations Providing Assistance to Property Owners and Tenants**

### SEEDS Community Resolution Center

2530 San Pablo Ave, Suite A, Berkeley, CA 94702

Phone: 510-548-2377

Fax: 510-548-4051

Website: [www.seedscrc.org](http://www.seedscrc.org)

Email: [casedeveloper@seedscrc.org](mailto:casedeveloper@seedscrc.org)

Hours: Monday-Thursday 9:00am-5:00pm

Provides mediation, facilitation and training. Can schedule a mediation session within 10 to 14 business days after all parties involved go through an intake process by phone. \$75 per party involved, per mediation session (sliding scale available; no one is turned away for lack of funds).

### Housing and Economic Rights Advocates (HERA)

1814 Franklin St, Suite 1040, Oakland, CA 94612

Mailing Address: P.O. Box 29435, Oakland, CA 94604

Phone: 510-271-8443 (No drop-ins)

Fax: 510-868-4521

Drop-in hours for landlords: Tuesdays and Thursdays 9:30am- 1:00pm at RAP

Website: <http://www.heraca.org>

Email: [inquiries@heraca.org](mailto:inquiries@heraca.org)

Promotes affordable and fair credit access, asset building and preservation. Fights abusive mortgage servicing, problems with homeowner associations, foreclosure, escrow and other homeowner problem, predatory lending of all kinds, and discrimination in financial services and consumer transactions. Provides financial counseling to individuals and community education workshops. Trains service providers and other professionals. Translates clients' experiences and needs into policy work. Collaborates with many different partners across the state and country and creates positive solutions for vulnerable residents.



# Information on Dampness and Mold for Renters in California

## Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



Beginning January 1, 2022, residential landlords shall provide this booklet to prospective residential tenants prior to entering the rental or lease agreement, in accordance with the 2001 Toxic Mold Protection Act (HSC #26148). This booklet, which explains the potential health risks and health impacts that may result from exposure to mold, was produced by the California Department of Public Health (CDPH) in 2020, in both English and Spanish versions.

# Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

# Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is *why CDPH does not recommend testing for mold, such as measuring mold spores in the air.*



## Causes of Building Dampness that Can Allow Mold to Grow

The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

### Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

### Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout



## Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is “minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use.”

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: if a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

## Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.
2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.
3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

## Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see [www.cdph.ca.gov/iaq/mold](http://www.cdph.ca.gov/iaq/mold). To see an animated video series, Mold in the Home, visit [www.cdph.ca.gov/mold](http://www.cdph.ca.gov/mold).

*Property owners must provide a rental unit that is safe and healthy for the people living in it.*

*Tenants must notify property owners of any dampness or mold problems.*

<b>English:</b>	This is an important document. If you require interpretation, please call (510) 647-0700 or e-mail <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .
<b>Arabic:</b>	هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية ، فيرجى الاتصال بـ <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> أو إرسال بريد إلكتروني إلى (510) 647-0700.
<b>Chinese:</b>	這是一份重要的文件。如果您需要口譯，請致電 (510) 647-0700 或發送電子郵件至 <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> 。
<b>Farsi:</b>	این یک سند مهم است. در صورت نیاز به تفسیر ، لطفاً با (510) 647-0700 یا <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> ایمیل تماس بگیرید.
<b>Korean:</b>	이것은 중요한 문서입니다. 통역이 필요한 경우 (510) 647-0700으로 전화하거나 <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> 로 이메일을 보내주십시오.
<b>Spanish:</b>	Este es un documento importante. Si usted requiere interpretación, por favor llame al (510) 647-0700 o envíe un correo electrónico a <a href="mailto:info@sahahomes.org">info@sahahomes.org</a>
<b>Tagalog:</b>	Ito ay isang mahalagang dokumento. Kung nangangailangan ka ng interpretasyon, mangyaring tawagan ang (510) 647-0700 o e-mail <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .
<b>Russian:</b>	Это важный документ. Если вам требуется устный перевод, позвоните по телефону (510) 647-0700 или по электронной почте <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .
<b>Vietnamese:</b>	Đây là một tài liệu quan trọng. Nếu bạn yêu cầu thông dịch, vui lòng gọi (510) 647-0700 hoặc e-mail <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .